

Indiana Department of Homeland Security

One Year Progress Report for “in the process” Level II Trauma Center

Hospitals that were granted status as an “in the process” Level II Trauma Center are asked to provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to demonstrate that your hospital continues to comply with the following requirements:

1. **Trauma Medical Director.** The Trauma Medical Director must maintain an appropriate level of trauma-related extramural continuing medical education (16 hours annually or 48 hours over 3 years)

Has the Trauma Medical Director maintained 16 hours of trauma-related extramural continuing medical education since granted “in process” Level II Trauma Center status? <i>Provide the Trauma Medical Director’s certificates for continuing medical education events since granted “in process” Level II Trauma Center status.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Trauma Medical Director maintained membership and active participation in regional or national trauma organization(s) since granted “in process” Level II Trauma Center status? <i>Provide documentation of membership.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Trauma Medical Director actively participated in the Indiana State Trauma Care Committee since granted “in process” Level II Trauma Center status? Active participation includes attendance at at least two Indiana State Trauma Care Committee since granted “in process” Level II.	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. **Submission of trauma data to the State Registry.** The hospital must be submitting data to the Indiana Trauma Registry following the Registry’s data dictionary data standard within 30 days prior to application submission to ISDH and at least quarterly thereafter.

Has your hospital submitted trauma data to the State Registry quarterly since granted “in process” Level II Trauma Center status?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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3. **Trauma Registrar.** Evidence must be submitted that the trauma registrar has attended two courses within 12 months of being hired.

1. American Trauma Society’s Trauma Registrar Course or equivalent provided by state trauma program.	<input type="checkbox"/> YES <input type="checkbox"/> NO
AND 2. Association of the Advancement of Automotive Medicine’s Injury Scaling Course.	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons.

<p>Have your Trauma Surgeon's maintained a response time as defined by the Optimal Resources document of the American College of Surgeons since granted "in process" Level III Trauma Center status?</p> <p><i>Provide your hospital's Trauma Surgeon response times including number of responses, response times and percentage within the required timeframe per Trauma Surgeon (documentation tool attached).</i></p> <p><i>Provide your hospital's monthly Trauma Surgeon physician call schedules since granted "in process" Level III Trauma Center status.</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Have the Trauma Surgeons maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level III Trauma Center status?</p> <p>Have the Trauma Surgeons maintained 16 hours of trauma-related CME or by demonstrated participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program?</p> <p>Provide the Trauma Surgeons' summary of certificates for continuing medical education events since granted "in process" Level III Trauma Center status (documentation tool attached).</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

5. **Diversion policy.** The hospital must not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.

<p>Has your hospital maintained a diversion status of less than 5% of the time since granted "in process" Level III Trauma Center status?</p> <p><i>Provide your hospital's diversion documentation showing reason for diversion and dates and length of time for each time the hospital was on diversion (documentation tool attached).</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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6. **In-house Emergency Department physician coverage.** The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.

~~**Neurosurgery, if applicable.** The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. If neurologically injured patients are admitted for at your facility, please provide your hospital's Neurosurgery physician call schedules since granted "in process" Level III Trauma Center status. There must be a neurosurgeon on call and promptly available 24 hours per day.~~

Orthopedic Surgery. There must be an orthopedic surgeon on call and promptly available 24 hours per day.

Critical Care Physician coverage. Physician coverage of the ICU must be available within 30 minutes, with a formal plan in place for emergency. There must be emergency coverage in-house 24 hours per day. Physician coverage of the ICU must be available in-house within 15 minutes to provide care for ICU patients 24 hours a day with interventions from credentialed providers.

<p><u>In-house Emergency Department physician coverage:</u> Have your Emergency Department have the appropriate number of physicians to ensure immediate care for injured patients? Provide your hospital's Emergency Department physician call schedules since granted "in process" Level II Trauma Center status.</p> <p>Have your Emergency Department physicians maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level II Trauma Center status? Provide the Emergency Department physicians' summary of continuing medical education events since granted "in process" Level II Trauma Center status(documentation tool attached).</p> <p><u>Neurosurgery:</u> Have your Neurosurgeons maintained coverage 24 hours per day since granted "in process" Level II Trauma Center status? Provide your hospital's Neurosurgery physician call schedules since granted "in process" Level II Trauma Center status.</p> <p>Have your Neurosurgeons maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level II Trauma Center status? Provide the Neurosurgeons' summary of continuing medical education events since granted "in process" Level II Trauma Center status (documentation tool attached). If neurologically injured patients are admitted for at your facility, please provide your hospital's Neurosurgery physician call schedules since granted "in process" Level III Trauma Center status.</p> <p><u>Orthopedic Surgeons:</u> Have your Orthopedic Surgeons and Critical Care Physicians maintained coverage 24 hours per day since granted "in process" Level III Trauma Center status? Provide your hospital's monthly Emergency Medicine, Orthopedic and Critical Care physician call schedules since granted "in process" Level III Trauma Center status.</p> <p>Have your Orthopedic Surgeons maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level II Trauma Center status? Provide the Orthopedic Surgeons' summary of continuing medical education events since granted "in process" Level II Trauma Center status(documentation tool attached).</p> <p><u>Critical Care:</u> Have your Critical Care Physicians maintained coverage 24 hours per day since granted "in process" Level II Trauma Center status? Provide your hospital's monthly Critical Care physician call schedules since granted "in process" Level II Trauma Center status.</p> <p>Have your Critical Care Physicians maintained 16 hours of trauma-related extramural continuing medical education since granted "in process" Level II Trauma Center status?</p>	<p>Emergency Medicine: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Neurosurgeons: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Orthopedic Surgeons: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Critical Care Physicians: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Provide the Critical Care Physicians' summary of continuing medical education events since granted "in process" Level II Trauma Center status (documentation tool attached).

☐ YES ☐ NO

7. CT scan and conventional radiography. There must be 24-hour availability of CT scan and conventional radiography. Radiologists must be available within 30 minutes for complex imaging or interventional procedures.

Have your Radiologists been available within 30 minutes for complex imaging or interventional procedures since granted "in process" Level II Trauma Center status?
Provide your hospital's documentation of Radiology response times (documentation tool attached).

☐ YES ☐ NO

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8. Operational process performance improvement committee. There must be a trauma program operational process performance improvement committee that meets at least quarterly.

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Has your Trauma Program Operational Process Performance Committee met at least quarterly since granted "in process" Level III Trauma Center status?
Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).

☐ YES ☐ NO

9. Trauma Peer Review Committee. There must be a multidisciplinary peer review committee with participation by the trauma medical director and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia, Critical Care and Radiology to improve trauma care by reviewing selected deaths, complications, and sentinel events with the objectives of identification of issues and appropriate responses. ~~This committee must meet at least quarterly. This meeting should be held monthly, but the frequency should be determined by the trauma medical director based on the needs of the program.~~

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Has your Trauma Peer Review Committee met ~~monthly at least quarterly~~ since granted "in process" Level III Trauma Center status?

☐ YES ☐ NO

Have the trauma medical director and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia, Critical Care and Radiology attended your multidisciplinary peer review committee at least 50% of meetings since granted "in process" Level III Trauma Center status?
Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).

Trauma Medical Director:

☐ YES ☐ NO

General Surgeon:

☐ YES ☐ NO

Orthopedic Surgeon:

☐ YES ☐ NO

Neurosurgery:

☐ YES ☐ NO

Emergency Medicine:

	<input type="checkbox"/> YES <input type="checkbox"/> NO Anesthesia: <input type="checkbox"/> YES <input type="checkbox"/> NO <u>Critical Care:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <u>Radiology:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
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10. Trauma Volumes. Complete the following tables with trauma volumes over the most recent 12 months. Do not include DOA's and direct admits.

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Injury Severity and Mortality					
ISS	Total Number of Admissions	<u>Number admitted to Trauma Service</u> <u>Number of Deaths from Total Trauma Admissions</u>	<u>Percent Mortality from Trauma Admissions</u> <u>Number of Deaths from Total Trauma Admissions</u>	<u>Number admitted to Trauma Service</u> <u>Percent Mortality from Trauma Admissions</u>	Number of Trauma Patients Transferred out
0-9					
10-15					
16-24					
> or= 25					
Total					

Total # of Trauma Patients Transferred Out	Average Time to Transfer (Arrival to Transfer)	Total # of Trauma Patients transferred after 120 minutes	Total # of Trauma Patients admitted to your facility with an ISS >25
	(min)		

Additional Information Necessary

Hospital Name and Mailing Address (no PO Box):

5/12/20155/8/20154/10/20154/9/2015

Previously known as (if applicable):

Date the "In the Process" status was granted:

Level ~~Two~~^{Three} Adult _____

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued and date of scheduled ACS verification visit)

Trauma Medical Director:

NAME: _____

Email: _____

Office Phone: _____ Cell/Pgr #: _____

Trauma Program Manager/Coordinator:

NAME: _____

Email: _____

Office Phone: _____ Cell/Pgr #: _____

ATTESTATION: In signing this application, we are attesting that all information contained herein is accurate and that we and our attesting hospital agrees to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and the Indiana State Department of Health regarding our status under this program.

Chief Executive Officer Signature Printed Date

Trauma Medical Director Signature Printed Date

| [5/12/2015](#)~~5/8/2015~~[4/10/2015](#)~~4/9/2015~~

Trauma Program Manager Signature

Printed

Date